PATEN	T APPLICATION	FEE DETERMINA	50.0. Farein and Traces and to a collection of inform	nation unless it di	through 7/31/2006. OMB 06 8. DEPARTMENT OF COM splays a valid OMB control
	Substitut	e for Form PTO-875		Appl	Ication or Dockel Number
C	LAIMS AS FILED -	PART I	_ _		
	(Column 1)	(Column 2)	SMALL ENT	TTY OR	OTHER THAI
. FOR BASIC FEE	NUMBER FILED	NUMBER EXTRA		——————————————————————————————————————	SMALL ENTIT
(37 CFR 1.18(a))			RATE	FEE	RATE FE
TOTAL CLAIMS (37 CFR 1.16(c))	minus 20 =	T		OR	5
HIDEPENDENT CLAIMS (37 CFR 1.16(b))		ļ	X \$=	OR	x s_ =
	. mlnus 3 =	1.	x s=	OR	
MULTIPLE DET NOENT CL	NM PRESENT (37 C	FR 1.16(d))	+; =	- OK	X \$=
. In ∞lumn	1 Is less than zero, enter	Of in column 2		OR .	+ \$=
, ,	•		TOTAL	OR	TOTAL
3/4/Xp CLAIMS	S AS AMENDED - F	'ART II			<u> </u>
(Col	umn 1) .	(Column 2) (Column 3). OLALA TIL	00	OTHER THAN
~ I oc.		HIGHEST	SWALL ENTIL	Y OR	OTHER THAN SMALL ENTITY
Total (2)	I '	NUMBER PRESENT EVIOUSLY EXTRA	MAIE AD	DI- NAL	RATE ADDI-
Total C	Minus	57 	- FI		TIONAL FEE
Z Independent	Minus ***		×.25	OR	×.50
FIRST PRESEN) —	'/	x \$ 100 =	OR	x s 200=
THIST PRESENT	LIN'LE DEPENDENT CL	AM (37 CFR 1.16(d))	+ \$_ =;	OR	· ·
			TOTAL ADD'L FEE		TOTAL
(Colum	nn 1) (C	Column 2) (Column 3)	100C12E	OR	ADD'L FEE
CLA REMA	IMS HI	SHEST			
AFT AMEND	ER PRE	MBER PRESENT MOUSLY EXTRA	RATE ADD		RATE ADDI-
Total (37 CFR 1.16(c))	. Minus **	=	FEE		TIONAL
Z Independent (37 CFR 1.16(b))	Minus ***	=	X \$=	OR X	(\$ <u> </u>
FIRST PRESENTATION OF		· !	X \$=	OR X	\$ =
FIRST PRESENTATION OF	YOUTHER DEBENDENT OFY	M (37 CFR 1.16(d))	+ \$=	OR +	1 =
		•	TOTAL ADD'L FEE	T	OTAL
· (Column	(00)	umn 2) (Column 3)		OR A	DD'L FEE
CAIÑ REMAIN	IS HIGH	EST			
AFTE AMENDA	R PREVI	OUSLY EXTRA	RATE ADDI- TIONAL	1	RATE ADDI-
Total (37 CFR 1.16(c))	Minus **	FOR . =	→ FEE	- I	TIONAL FEE
Independent (37 CFR 1.16(b))	. Minus		· X \$ = .	OR X S	1
			X \$=	OR X \$	=
FIRST PRESENTATION OF M	ILTIPLE DEPENDENT CLAIM	(37 CFR.1.16(d))	+ \$=		
			TOTAL	OR + s	=

"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any complete, on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chlet Information Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1459.

ADDRESS, SEND TO: Commissioner for Patents, P.O. Box 1459, Alexandria, VA 22313-1459.